F-290

PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR

Att rney D ck t Numb r

	DESIGI	d	First Nam d Inv	ntor	Effico;	
	PATENT APPL	COMPLETE IF KNOWN				
	(37 CFR 1.63)		Application Numb	per		
	X Declaration	Declaration	Filing Date		9/16/2003	
	Submitted OR	Submitted after Initial Filing (surcharge	Group Art Unit			
	with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name			
	As a below named inventor, I he	reby declare that:				
	My residence, mailing address, and	d citizenship are as stated	below next to my name			
	I believe I am the original, first and names are listed below) of the sub					
	Intervertebral Spacer Device Having Simultaneously Engageable Angled Perimeters for Manipulation Using a Surgical Tool					
		(Title of the	Invention)			
	the specification of which	(Tide Of the	aivenuonj			
	[·]					
	is attached hereto					
	OR					
	was filed on (MM/DD/YYYY)		as United Sta	tes Application N	Number or PCT International	
	Application Number	and was am	ended on (MM/DD/YYY	Y)	(if applicable).	
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
_	Additional foreign application	numbers are listed on a si	upplemental priority data	a sheet PTO/SB	/02B attached hereto:	

[Page 1 of 2]

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DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: X	Customer Num or Bar Code La		3640)2	OR	Co	rrespondence add	ress below
Name								
Address								
City				State)	_	ZIP	
Country	т	elephon	e				Fax	
I hereby declare that all statements are believed to be true; and further made are punishable by fine or imprivalidity of the application or any pater	that these statemisonment, or both,	ents wer	e made with	n the k	nowledge th	nat willful f	alse statements a	nd the like so
NAME OF SOLE OR FIRST I	NVENTOR:	A	petition h	as be	en filed fo	or this un	signed invento	
Given Name (first and middle [if any])	Joseph P.				ily Name urname		Errico;	
Inventor's Signature	M						Date 9/16/	93
Residence: City	Brook,	Sta	nteNj		Country	US	Citizenship	US
Mailing Address	2	9 Deer	Path Circ	le				
City Green	Brook,	Sta	nte Nj		ZIP	08812	Country	US
NAME OF SECOND INVENT	OR:	A r	etition ha	s bee	n filed for	this unsi	gned inventor_	
Given Name (first and middle [if any])	Michael	W			ly Name Irname		Dudasik;	
Inventor's Signature	an Co			<u> </u>			Date 9/16	103
Nu Residence: City	ıtley,	State	, NJ	C	Country	US	Citizenship	US
Mailing Address 29 Daily Street								
City Nutley,		Stat	e NJ		ZIP 07	7110	Country	US
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					hereto.			

Please type a plus sign (+) inside this box	\rightarrow	+
F-290		

Please type a plus sign (+) inside this box + + PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1_

Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Nar	me or Su	rname	
Rafail				Zubol	k	
Inventor's Signature		Date 9/16/03				
Residence: City Midland Park,	State NJ	C	Country	c	itizenship US	
Mailing Address		222 Sp	oruce Street			
Mailing Address						
City Midland Park,	State N	J	ZIP 07432	Country	US	
Name of Additional Joint Inventor, if an	ıy:	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Na	me or Su	ımame	
Inventor's Signature					Date	
Residence: City State		Country Citizenship			Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Cour	ntry	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					···	
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Date	
Residence: City State			Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		7IP	Co	untry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	9/16/2003
First Named Inventor	Errico;
Title Intervertebral Spacer Device Having Siz	sultaneously Engageable Angled Perimeters for Manipulation Using a Surgical Tool
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-290

I hereby appoint:					
Practitioners at Customer Number OR Practitioner(s) named below:	Place Customer Number Bar Code Label here				
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified business in the United States Patent and Trademark Office confidence.					
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I am the:	an				
Applicant/Inventor.					
LI Application ventor.					
X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assigne	e of Record				
Name Joseph P. Errico, CEO, SpineCore, Inc.					
Signature PM					
Date 9/16/2003					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below*. Total of1 forms are submitted.					

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STATEMEN	T UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: Joseph P. Errico;	Michael W. Dudasik; Rafail Zubok			
Application No./Patent No.:	Filed/Issue Date:9/16/2003			
Entitled: Intervertebral Spacer Device Having Simultaneo	ously Engageable Angled Perimeters for Manipulation Using a Surgical Tool			
SpineCore, Inc, a	Limited Liability Company			
(Name of Assignee)	Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
atataa that it ia.				
states that it is: 1. the assignee of the entire right, title, and	interest: er			
2. □ an assignee of less than the entire right,				
The extent (by, percentage) of its owners	hip interest is%			
in the patent application/patent identified above	by virtue of either:			
A. [X] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.				
OR				
B. [] A chain of title from the inventor(s), of the assignee as shown below:	e patent application/patent identified above, to the current			
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	United States Patent and Trademark Office at, or for which a copy thereof is attached.			
2. From:	To:			
	United States Patent and Trademark Office at, or for which a copy thereof is attached.			
3. From:	To:			
	United States Patent and Trademark Office at, or for which a copy thereof is attached.			
[] Additional documents in the chain of	of title are listed on a supplemental sheet.			
	signment document or a true copy of the original document) accordance with 37 CFR Part 3, if the assignment is to be			
The undersigned (whose title is supplied below)	is authorized to act on behalf of the assignee.			
9/16/2003	Joseph P. Errico,			
Date	Typed or printed name			
	Signature			
	CEO, SpineCore, Inc.			
	Title			

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